

**IN THE PROBATE COURT OF MOBILE COUNTY, ALABAMA**

**IN THE MATTER OF**

\*

**THE ESTATE OF**

\*

**CASE NO. 20\_\_ - \_\_\_\_\_**

\_\_\_\_\_,

\*

**an incapacitated person.**

\*

**GUARDIAN CARE PLAN**

**Introduction**

A Guardian is responsible for the Ward's personal needs, such as food, shelter, medical care, transportation, social services, education and/or rehabilitation. He or she has the responsibility to ensure that the appropriate services are provided. Appropriate services may vary based on a number of factors, including, but not limited to age and health. It is essential that the Guardian gather all pertinent information about the Ward, so an accurate and complete Care Plan can be developed on behalf of the Ward.

1. Guardian's place of residence, telephone number and cellular telephone number are: \_\_\_\_\_.

2. Ward's age, current place of residence and telephone number are: \_\_\_\_\_.

A. If Ward does not reside in an institutional-type facility, does Ward own \_\_\_\_\_ or rent \_\_\_\_\_ place of residence?

B. Does Ward live alone? Yes \_\_\_\_\_ No \_\_\_\_\_ Resides with: Relative \_\_\_\_\_ Caregiver \_\_\_\_\_ Provide Name \_\_\_\_\_.

3. Needs and Functional Assessments.

A. Is Ward able to function in activities of daily living such as feeding, bathing, administration of medication, toileting, dressing, ambulation and grooming? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_.

B. Is Ward able to perform activities of daily living such as personal banking, laundry, housekeeping, shopping, arranging transportation, and coordination of medical care? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_.

C. Does Ward have any behavioral problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_.

D. Does the Ward's current placement provide a safe environment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. Guardians have an on-going responsibility for the health and well-being of the Ward and should stay informed about the Ward's status and needs in order to make informed decisions that are in the best interest of the Ward. The Guardian should regularly talk with and listen carefully to the Ward.

A. Medical - Please mark as items are completed.

1. \_\_\_\_\_ Compile complete list of all medical providers.
2. \_\_\_\_\_ Provide all medical providers with copy of Letters of Guardianship.
3. \_\_\_\_\_ Compile complete list of all medications taken by Ward.
4. \_\_\_\_\_ Confirm medical insurance coverage.
5. \_\_\_\_\_ Set up procedure for medical insurance claims.
6. \_\_\_\_\_ Establish emergency preparedness procedure.

B. Have appropriate steps been taken for Ward's food and nutritional needs?

Yes \_\_\_\_\_, explain: \_\_\_\_\_  
\_\_\_\_\_.

No \_\_\_\_\_, explain: \_\_\_\_\_  
\_\_\_\_\_.

5. Summarize Ward's Care Plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. Review Care Plan. 90 days \_\_\_\_\_ 6 months \_\_\_\_\_ 9 months \_\_\_\_\_

### PERJURY STATEMENT

I swear (or affirm), under penalty of perjury, that the information contained in the aforesaid report is true and correct, to the best of my information, knowledge and belief.

DATED: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Guardian for \_\_\_\_\_

**REMINDER:** The Guardian must notify the Court immediately if the aforesaid contact information for the Guardian or Ward changes.